

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
FY 2011**

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)

032301.592

Application Number 10/591,610

Filed April 5, 2005

For SILICONE RUBBER

Art Unit 1767

Confirmation No.: 3091

Examiner Michael A. SALVITTI

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

| | <u>Fee</u> | <u>Small Entity Fee</u> | |
|--|------------|-------------------------|------------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$150 | \$75 | \$ _____ |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$560 | \$280 | \$ <u>560.00</u> |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1270 | \$635 | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1980 | \$990 | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2690 | \$1345 | \$ _____ |

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-4300. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 35,046

☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. _____



Signature

Thomas G. Wiseman

Typed or printed name

December 27, 2011

Date

(202) 263-4300

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.